ATTACHMENT

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
ASHEVILLE DIVISION
NO. 1:05-CV-251-1-MU

KENNETH PATTON,	)	
	)	
Plaintiff	)	
	)	
v.	)	**AFFIDAVIT OF**
	)	**RODNEY BENNETT**
THOMAS LANCASTER, et. al.,	)	
	)	
Defendants.	)	

I, Rodney Bennett, being duly sworn, do hereby depose and say:

1. I am an adult over age 18, have never been adjudged incompetent, suffer from no mental or emotional illness, and make this affidavit of my own free will, stating facts of which I have personal knowledge.

2. I am employed by the North Carolina Department of Correction, Division of Prisons, as a Correctional Sergeant at Mountain View Correctional Institution ("MVCI") located in Spruce Pine, North Carolina.

3. I began my career with the Department of Correction as a Correctional Officer in 1997.

4. I am a named defendant in the above-captioned civil action, and I would like to provide the following response to the allegations contained therein.

5. On or about July 30, 2004, Plaintiff developed severe abdominal pain and Defendants' Mays and Downing took Plaintiff to Spruce Pine Hospital.

6. Plaintiff underwent emergency surgery for a incarcerated hernia.

7. As Plaintiff's anesthesia began wearing off, he became angry and disruptive. Plaintiff began cursing Defendants Mays and Downing and medical personnel.

8. Defendant Downing called and informed Lieutenant Young of Plaintiff's behavior. Lieutenant Young ordered me to go to the hospital to oversee the situation.

9. At one point, Plaintiff was so disruptive and angry, that Defendant Mays had to use OC pepper spray on him.

10. Upon arriving at the hospital, I observed Plaintiff yelling, screaming and attempting to escape from his mechanical restraints. Plaintiff also spit on Defendants Mays and Downing.

11. Defendants Mays and Downing were evaluated by the hospital's medical staff and treated for exposure.

12. Plaintiff was very disruptive and extremely disrespectful to medical personnel and to Defendants Mays and Downing.

13. Defendants Mays and Downing used only the force that was absolutely necessary in an attempt to get Plaintiff to comply with their orders.

This the 14th day of July, 2006.

Rodney Bennett

Rodney Bennett, Affiant

Sworn to and subscribed before me this the

14th day of July, 2006.

John W. Culton

(Notary Public)

My Commission Expires: 10-26-2008

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
ASHEVILLE DIVISION
NO. 1:05-CV-251-1-MU

KENNETH PATTON, Plaintiff v. THOMAS LANCASTER, et. al., Defendants.	)	**AFFIDAVIT OF DELINDA WOODY**

I, Delinda Woody, being duly sworn, do hereby depose and say:

1. I am an adult over age 18, have never been adjudged incompetent, suffer from no mental or emotional illness, and make this affidavit of my own free will, stating facts of which I have personal knowledge.

2. At the time the Plaintiff filed his complaint, I was employed by the North Carolina Department of Correction (DOC), Division of Prisons, as a Registered Lead Nurse at Mountain View Correctional Institution (MVCI), located in Spruce Pine, North Carolina.

3. I was employed with the DOC as a Staff Nurse in 2000. I was promoted to Lead Nurse in 2002. I ended my employment with DOC on March 17, 2006.

4. I am a named defendant in the above-captioned civil action, and I would like to provide the following response to the allegations contained therein.

5. I have reviewed copies of Plaintiff's medical records and found three notations during this time that lead me to recall that I did check Plaintiff's medical records when he arrived at MVCI on April 4, 2003.

6. I signed and completed Plaintiff's Transfer-In Record. No order for Milk of Magnesia (MOM) was found in Plaintiff's medical record at the time of his transfer. (Exhibit A)

7. I examined a bottle of Plaintiff's medications that were labeled ibuprofen and found the muscle relaxer baclofen to be mixed in with the ibuprofen. This was noted as a late entry on April 15, 2003. (Exhibit B)

8. It was noted that Plaintiff's previous camp had issued his baclofen as a self-administered medication and given him a 30-day supply. This is against DOC policy, so the medication was retrieved from Plaintiff and the medication was placed for direct observation administration. (Exhibit C)

9. I do not recall the MOM confiscation, however, I would not have been able to allow Plaintiff to keep a bottle of MOM without a prescription because it is against DOC policies.

10. Plaintiff signed a self-medication agreement, which states that inmates are not allowed medications without proper prescription labels and a current order. (Exhibit D) The only exception is that of canteen, over the counter and purchased medications. Medications do not include bottles of MOM and according to Central Prison's warehouse, it has never been supplied by any of DOC's canteens. (Exhibit E)

11. As a competent nurse, I do know that it is not in the patients best health interest to use MOM as a long term solution for constipation. Long term abuse of MOM can lead to increased risk of constipation and fecal impaction which can lead to bowel blockage and other sever complications. (Exhibit F)

12. I would have educated Plaintiff on the seriousness of using MOM on a regular basis if he had inquired, but Plaintiff did not complain to me about constipation on sick call or emergency

request in his medical records.

13. When I saw Plaintiff on October 1, 2003, he requested a refill of MOM, but did not complain to me of constipation. This request was placed on review for the unit provider. On October 3, 2003, MOM was prescribed for Plaintiff on a "as needed"basis by the unit provider.

This the 20 day of April, 2006.

Delinda Woody, Affiant

Sworn to and subscribed before me this the

20th day of April, 2006.

(Notary Public)

My Commission Expires: Aug 24, 2008

EXHIBIT A

NORTH CAROLINA DEPARTMENT OF CORRECTION
TRANSFER OUT/IN RECORD

SENDING UNIT SCI 3600 (Unit Name and Number) DATE 4-4-03

RECORD REVIEWED ______ (MSS 18) NUMBER OF VOLUMES SENT 5

PPD 3-4-03 ___ (MS 10) ACTIVITY LEVEL 2112121 Pulheat 9/01 (HS 30 and HS 31) SPECIAL DIET Regular 9.25.01

RPR (PROCESSING ONLY) —0—

ALLERGIES NKA

LABS, X-RAYS, APPTS PENDING None (IP 10)

UR PENDING None (HS 10)

MEDICATIONS Effexor 75mg po q supper; Risperdal 2mg po q supper; Baclofen 20mg tid Ibu 800mg tid, Methadone 5mg q.d, Drixoral LA po bid; Vasotec 10mg qd; Zantac 150mg b.id HCTZ 25mg qd

CHRONIC DISEASE(S) Cardiovascular

COMMENTS: Bag # AB 108164 #95 tabs 93

Gail Woodson Signature AND Title 4-4-03 0050 Date AND Time

****

RECEIVING UNIT MWCI 4855 (Unit Name and Number) DATE 4/4/03

RECORD REVIEWED ✓ (MSS 18) NUMBER OF VOLUMES RECEIVED 5

PPD 3/6/05 OM (MS 10) ACTIVITY LEVEL 1 (HS 30 and HS 31) SPECIAL DIET Ø

RPR (PROCESSING ONLY) ______

ALLERGIES NKA

LABS, X-RAYS, APPTS PENDING Ø (IP 10)

UR PENDING Ø (HS 10)

MEDICATIONS Effexor 75mg po q supper, Risperdal Baclofen IBU, Methadone, Drixoral Vasotec Zantac

CHRONIC DISEASE(S) ~~CV~~ Cardiovascular

COMMENTS: received 95 tabs methadone; Effexor & Risperdal

Delinda Woodson RN Signature AND Title 4/4/03 1610 Date AND Time

* Baclofen on DC763 will retrieve & place on MAR —

File: Section VI

INMATE NAME Patton Kenneth

INMATE NUMBER 0315418

DC-387-A (04/00)

EXHIBIT B

NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS

All entries must be signed and dated

DATE	FINDINGS (Subjective, Objective, Assessments, & Plan)
04.09.03 1000	Mr Patton seen. See Mental Health Assessment Update filed today. In my opinion, he is not at greater risk for suicidal or homicidal behavior. Eva Trivett-Clark, MA, Staff Psychologist II
4/14/03 1445	[illegible]
4/15/03 1920	See DC 763 4/8/03 entries - pt found Hoarding medications. pt had baclofen in his Ibuprofen bottle. [illegible]
05.06.03 error etc 1415 1615	Mr Patton seen. See DC 444A filed today. In my opinion, he is not at greater risk for suicidal or homicidal behavior. Eva Trivett-Clark, MA Staff Psychologist II
5/12/03 1430	[illegible]
5/19/03 0950	# 90 methadone 5mg. take ordered from Wal Mart; permission received from Freda @ CP Pharmacy [illegible]
5/25/03 0705	Venipuncture @ Jacfossa's difficulty [illegible]
6.9.03	X-ray. Carl Miller

NAME PATTON, KENNETH
NUMBER 0315418
UNIT MOUNTAIN VIEW 4855

Chronological Record of Health Care
In-Patient/Out-Patient Notes

DC-387

EXHIBIT C

PENGAD-Bayonne, N. J.

NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS

All entries must be signed and dated

DATE	FINDINGS (Subjective, Objective, Assessments, & Plan)
2-18-03	Seen for indiv therapy. No SI/HI/SIB. Note to follow. Tish Hagler, M.H. Services Coord.
2/28/03 1215	Pt. questioned diet. Nutritional assessment faxed to Kaelin Harris, LON MS, RD. TM McCormick, RN
3/10/03 1001	UR entered for Cipro Rx. K Bloom-Mentz
3/14/03 1453	UR approved Cipro Rx. K Bloom-Mentz
3-31-03 1500	Mental health no show. Reschedule. Tish Hagler, M.H. Services coord.
4-1-03	Individual session at 1415 hrs. No SI/HI/SIB. Note to follow. Tish Hagler, M.H. Services Coord.
4/3/03 1030	MHC pt seen no SI, no HI progress note dictated
4/4/03 1830	retrieved (69 Baclofen 20 mg from self med. pt advised to taking "sometimes 4 a day instead of 3" MD issued on 4/1/03 May consider placing all self meds on DOT will place on record review for TAP. Debbie Woodyard

NAME Kenneth Patton
NUMBER 0315418
UNIT

DC-387
Rev. 6/95

Chronological Record of Health Care
In-Patient/Out-Patient Notes

EXHIBIT
D

INMATE SELF-MEDICATION PROGRAM INSTRUCTIONS AND AGREEMENT FORM

INMATE NAME Patton, Kenneth

INMATE NUMBER 03595 LOCATION 3E

1. Your medication shall be kept in the original container that is received from the pharmacy. This will protect the medication and keep it dry. Follow the directions on the label.

2. Any damaged or lost medication must be reported to the Officer in Charge and medical staff immediately. All damaged medication must be returned to the medical staff. The pharmacy will only refill your prescription as indicated by the physician, therefore, if you have a shortage, you may not be allowed to receive additional medication.

3. The medicine should be issued to you before your current supply is completed. It is your responsibility to notify the medical staff if you do not receive your medication on a timely basis.

4. You will be instructed by the medical staff when to report to the specified area to receive your prescription.

5. You are to report any symptoms that you feel may be caused by your medication.

6. If you decide not to take all your medication, you must return it to the medical clinic.

7. You will be responsible for your own medication. If caught misusing, abusing, destroying, giving or selling your prescribed medication, you will be subject to disciplinary action. Outdated medication may be considered contraband.

8. I agree to participate in the Self-Medication Program as described above and to comply to these policies as explained to me.

DATE 11-502 Kenneth Patton Patient's Signature

C Blake LPN Nurse's Signature

FILE COMPLETED FORM IN SECTION II OF THE OUTPATIENT HEALTH RECORD

DC 762
08/95

ACQUISITION COST FOR CASHLESS CANTEENS
DIVISION OF PRISONS - CENTRAL PHARMACY
OVER-THE-COUNTER MEDICATIONS PRICE LIST/WORKSHEET

Usage Order Number:_____ Date:_____

INSTRUCTIONS FOR ENTERING USAGE ORDERS:

1. Source Warehouse: 422046D
2. Requestor ID: MXX (XX=Your two digit facility ID number)
3. Format for Numbering Usage Orders: UNITOTC001
   Unit = Your Location
   OTC = For Over-The-Counter (Always the same)
   001 = Sequential number assigned to each order
4. Company: 4206
   Account Number: 593610002 (Type in this number)
   Center: 23012UNIT (Unit = your unit number)

ITEM	DESCRIPTION	ORDER UNIT OF MEASURE	SELLING UNIT OF MEASURE	ACTUAL COST	ORDER QTY
0009313	Absorbent Powder, Talc, plastic container, 2.5oz	Each	Each	$2.17	
0003563	Acne Pimple Lotion, Benzoyl Peroxide 5%, 30ml bottle	Bottle	Bottle	$2.00	
0012069	Antacid Tablets, (Alcalak) Calcium Carbonate 420 mg, 2 tablet/pk, 3 pks/box (6 tablets)	Box	Box	$0.42	
0003567	Anti-Fungal Cream, Miconazole 2%, 30gm tube	Tube	Tube	$1.11	
0009321	Anti-Fungal Athletes Foot Powder, Tolnaftate 1%, plastic container, 1.5 oz	Each	Each	$1.20	
0012078	Anti-Gas Tablets, (Gas-Ban) Calcium Carbonate 300mg with Simethicone 40mg, 2 tablets/pk, 2 pks/box (4 tablets)	Box	Box	$0.44	
0009320 *	Anti-Histamine Cold Tablets, Chlorpheniramine 4mg, 1 tablet/pk, 250 pks/box **(Sold by pack)**	Box	Packet *	$0.0358	
0012566	Anti-Histamine Cold Tablets, Loratadine 10mg, 10 tablets/bx	Box	Box	$1.65	
0003564	Anti-Itch Cream, Hydrocortisone 1%, 30gm tube	Tube	Tube	$0.75	
0009322	Corn & Callous Remover Pads, Salicylic Acid 40%, regular size, 9 pads/package	Package	Package	$1.96	
0009323	Cold Sore Ointment (Blistex) .21 oz tube	Tube	Tube	$1.21	
0008563	Dandruff Treatment Shampoo, Selenium Sulfide 1%, 240ml bottle	Bottle	Bottle	$1.49	

ITEM	DESCRIPTION	ORDER UNIT OF MEASURE	SELLING UNIT OF MEASURE	ACTUAL COST	ORDER QTY
0009325	Decongestant Tablets, Pseudoephedrine 30mg, 2 tablets/pk, 4 pks/box	Box	Box	$0.53	
0009326	Douche, Disposable Vinegar & Water, Mild 2 X 133ml (Female Institutions ONLY)	Each	Each	$1.24	
0009327	Ear Plugs, Soft Foam, 1 pair/pkg	Package	Package	$0.10	
0003566 *	Emollient Skin Ointment with Vitamins A&D, 5gm packets, 144 packets/box **(Sold in Packets)**	Box	Packet *	$0.05	
0003534 *	Laxative, Bulk Forming Psyllium Fiber, Sugar Free, 30 packets/box **(Sold in Packets)**	Box	Packet*	$0.17	
0012566	Antihistamine, Loratadine 10mg, 10 tablets/pk	Box	Box	$1.65	
0009330	Medicated Face Cream (Noxema), 2.5 oz jar	Each	Each	$1.20	
0012170	Pain Reliever Tablets, Acetaminophen 325mg, 2 tablets/pk, 6 pks/box	Box	Box	$0.42	
0009316	Pain Reliever Tablets, Ibuprofen 200mg , 2 tablets/pk, 4 pks/box	Box	Box	$0.50	
0009331	Soap for Dry Skin, Moisturizing, Cleansing 4 oz Bar	Each	Each	$1.57	
0012067	Throat Lozenges containing Menthol, (Medikoff Drops) 6 drops/box	Box	Box	$0.43	
0003552	Toothpaste for Sensitive Teeth (Crest Sensitive Teeth 6.2 oz)	Tube	Tube	$2.84	
0003556	Waterproof Sunscreen (4 oz) SPF 25-30	Bottle	Bottle	$2.77	
0003596	Bandages, Plastic Adhesive 1" x 3", 16/box	Box	Box	$0.60	
0012079	Multi-Vitamins, (Once-Daily) 100 tablets/btl	Bottle	Bottle	$1.11	
0012080	Dry Skin Lotion, (Geri-Soft) 8 oz plastic bottle	Bottle	Bottle	$1.56	
0012169	Soap, Cleansing Body and Hand, 3-4 oz Bar	Bar	Bar	$0.56	

* **Item numbers 0009320, 0003566 and 0003534 are bought from Central Pharmacy in BOXES, but must be broken down and sold by the individual PACKETS**

This is the Considered Standard of care DOC follows for providers.

CLINICAL GUIDELINES

IN

FAMILY PRACTICE

Third Edition

Constance R. Uphold
Mary Virginia Graham

Barmarrae Books, Inc.

C. Watchful waiting may be the best approach
   1. No pharmacologic interventions are recommended
   2. Formula changes have not been shown to be an effective remedy for colic and may suggest to the parents that the infant has a medical problem when none exists
      a. Allergy to cow's milk protein during infancy is very uncommon
      b. Infants who have cow's milk allergy present with persistent diarrhea and /or blood in stool
      c. Change to soy formulas are usually not helpful and about 25% of infants with a true allergy to cow's milk protein are also allergic to soy formula
   3. If mother is breast feeding, she should continue

D. Follow up by telephone in a few days and again in a week or two to determine progress

CONSTIPATION

I. Definition: Diminished frequency of defecation, incomplete evacuation, or stools that are too hard or too small

II. Pathogenesis

A. Fecal continence is defined as the ability to control defecation voluntarily and requires normal contractions of the anal sphincters, normal sensory receptors in the rectum and anus to identify the rectal contents as liquid, solid, or gaseous, and a normal rectal reservoir

B. Movement of a fecal bolus into the rectum stimulates several automatic, coordinated reflexes
   1. The lower colon, including the rectum, contracts and the internal sphincter relaxes
   2. The external sphincter initially contracts, but the initial contraction is followed by a total inhibition of both the external and internal sphincters
   3. Intraabdominal pressure is voluntarily increased (Valsalva maneuver), the pelvic floor descends and stool is expelled

C. Defecation can be delayed until it is convenient
   1. Retention of stool over prolonged periods of time can result in a stretching of the rectal wall and the subsequent development of megarectum
   2. When the whole colon is dilated and full of stool, the condition is referred to as megacolon

D. Common causes of constipation in children and adults are the following
   1. Ignoring urge to defecate
   2. Inadequate ingestion of fluids and fiber in diet
   3. Sedentary lifestyle
   4. Medications
   5. Metabolic and endocrine disorders
   6. Neurologic diseases
   7. Colonic and anorectal disorders

E. Constipation is **most commonly functional** with no underlying pathology

III. Clinical Presentation

A. Constipation accounts for 2.5 million health care visits per year

B. About 4% of all pediatric office visits are for constipation

C. The most common cause of chronic constipation in adults is failure to initiate defecation

D. In elderly patients, chronic disease, medications, decreased mobility, poor dietary habits, and decreased fluid intake contribute to development of constipation

E. In children, constipation represents a complex interaction between parental expectations, and the child's gastrointestinal physiology, development, and nutritional and fluid intake

F. Despite the high incidence of constipation, only a small minority of adults and children with constipation have a significant abnormality

G. In adults, abdominal pain, pain with defecation, blood in stools, diarrhea alternating with hard stools, weight loss, and depression may be associated with constipation

H. In children, vomiting, excessive urination, blood on stool, soiling of underclothes (encopresis), and behavioral problems may occur with constipation

IV. Diagnosis/Evaluation

A. History
1. Determine what the patient/parent means by constipation (Is it small stools, infrequent stools, a feeling of fullness, or difficulty/pain with passing stools?) [see PATTERN OF STOOLING IN INFANTS AND YOUNG CHILDREN table]
2. Assess stooling pattern, dietary intake, and activity level
3. Determine if any recent changes in pattern (acute or chronic process)
4. Inquire about current medications and laxative use
5. In adults, obtain past medical and surgical history; determine if there is a family history of colon cancer

PATTERN OF STOOLING IN INFANTS AND YOUNG CHILDREN

- Pattern of stooling in most infants is a bowel movement after each feeding for the first weeks of life
- By 3-4 months of age, most infants have 1-2 stools per day
- By 4 years of age, an adult pattern of stooling is achieved
- Note that the infrequent passage of stool in contented breast-fed babies in the first few weeks and months is normal so long as the stools are soft
- Parents should keep in mind that stooling patterns vary in children just as they do in adults
- Parents should be aware of their child's normal bowel pattern and typical size/consistency of stools

B. Physical Examination
1. Determine if there is a weight loss
2. Assess abdomen for tenderness, masses
3. Rectal exam for anal fissures, hemorrhoids, or irritation; obtain stool for guaiac
4. Check for fecal impaction, especially in elderly patients with a history of chronic constipation and in children in whom encopresis is suspected

C. Differential Diagnosis
1. Partial bowel obstruction (tumor)
2. Irritable bowel syndrome
3. Rectal fissures
4. Hypothyroidism

D. Diagnostic Tests: Stool for occult blood x 6 in adults and other appropriate tests if underlying causes (metabolic/endocrine/gastrointestinal tract disorder) suspected

V. Plan/Management

A. Infants between 6-12 months of age
   1. Continue on present formula/breast milk. **Do not place infant on low iron formula!**
   2. Advise parent
      a. To increase daily consumption of water by offering water frequently (**Note:** Infants ≤6 months of age who are being exclusively fed formula or breast milk (and no solid foods) do not require additional water as they receive adequate water from formula or breast milk; children >6 months may be offered water as they are usually receiving solid food beginning at 6 months)
      b. To add high fiber food to diet in the form of prunes, apricots, plums, peas, and beans (pureed at 6 months and progressing to chopped by 12 months of age)

B. Toddlers and preschoolers
   1. Offer child whole fruits instead of juice
   2. Offer child water frequently
   3. Provide dietary fiber in both soluble (dried beans/peas, oats, barley, fruits) and insoluble forms (whole wheat products, wheat bran, skins of fruits and root vegetables) [see HOW MUCH FIBER DO CHILDREN AND ADULTS NEED table]
   4. Choose cereals with 5 or more grams of fiber per serving

C. Children over 5 and adults
   1. Retrain in proper bowel habits
      a. Never ignore urge to defecate, even though it may not be convenient
      b. Allow adequate time for bowel movements; learn to sit on toilet and relax
      c. Capitalize on the gastrocolic reflex by establishing a routine for bowel movements that coincides with after having eaten a meal such as breakfast
   2. Increase daily fluid intake (1.5-2.0 liters per day in adults)
   3. Increase dietary fiber with bran cereal, raw fruits and vegetables, whole wheat breads, oats, barley
   4. Skip orange juice in the morning and eat a whole orange instead
   5. Choose cereals with 5 or more grams of fiber per serving
   6. Increase activity level using easy, no-cost approaches such as parking as far away from the store as possible; using the restroom at work that is on another floor; walking to do errands that are just a few blocks away
   7. Continue these measures for at least one month before effects on bowel function are determined

How Much Fiber Do Children and Adults Need?

Children ages 3 to 15	**Just Add 5!** Add 5 to the child's age (Child's age + 5 = number of grams of fiber needed/day) **Example:** A six year old child needs 6 + 5 = 11 grams of fiber each day
Children >15 and Adults	Need about 20-35 grams of fiber in their diet each day **Increase fiber intake gradually over a 2 week period to reduce abdominal discomfort sometimes associated with high fiber intake!**
Note:	There is no Recommended Dietary Allowance (RDA) for daily intake of fiber, but most experts agree that the above intakes of fiber for children and adults are appropriate

D. Adults over 50 with constipation representing a change from a usual pattern and for all ages who are unresponsive to general measures (above) OR all ages with positive fecal occult blood test or weight loss need referral to a specialist for evaluation

E. If general measures fail, may try the following alternatives:
   1. Bulk-forming agents (adults) : psyllium (Effersyllium), methylcellulose (Citrucel), and polycarbophil (Fibercon)
      a. Start with 1 tbsp daily and increase to 3 tbsp
      b. Must drink plenty of fluids for product to work (**Note:** 16 oz water with each dose)
      c. Must be used on regular basis, can be used long term in adults

2. Stool softeners (children and adults): docusate sodium (Colace) and docusate calcium (Doxidan)
   a. Can be used for short-term constipation only (few days to 2 weeks)
   b. Do not use in chronic constipation
3. Osmotic agents (infants >6 months): Corn syrup (Karo syrup)
   a. Breast-fed: 5-10 mL in 2 to 4 oz of water or fruit juice BID
   b. Bottle-fed: 5-10 mL in every second feeding
4. Osmotic agents (infants): Malt soup extract (Maltsupex); use same dosage as that of corn syrup
5. Osmotic agents (toddlers, children, and adults): nonabsorbable sugar lactulose (Cephulac) available as 10 g/15 mL syrup
   a. Adults: 15-30 mL/day
   b. Toddlers, children: 1 mL per kg body weight per day divided into two doses
   c. Not recommended as a first-line treatment because it is expensive, but it is particularly useful in elderly patients
6. Agents such as milk of magnesia can be used occasionally (every 2-3 weeks) to treat constipation in otherwise healthy adults

F. For children with chronic constipation (see section on ENCOPRESIS)

G. Advise patients to avoid chronic laxative use

H. Follow Up: Unnecessary unless there is failure to improve which may indicate serious underlying cause and need for referral

DIARRHEA

I. Definition: A change in bowel habits characterized by increased stool volume, looseness, and frequency

II. Pathogenesis

A. Pathophysiology of diarrhea involves one or a combination of three basic mechanisms
   1. Increased fluid secretion
   2. Decreased water absorption
   3. Abnormal intestinal motility

B. Diarrhea that is produced via increased fluid secretion can be caused by inflammation (such as occurs with viral and bacterial infections) and enterotoxins (such as are produced with *Staphylococcus aureus* infection)

C. Damage to the bowel mucosa (such as occurs with some infectious agents or inflammatory conditions such as inflammatory bowel disease and sprue [sprue is a malabsorption syndrome that causes inflammation of the bowel mucosa]) or the presence of poorly absorbable, osmotically active substances in the lumen (such as lactose in a lactase deficient patient) cause diarrhea via the mechanism of decreased reabsorption of fluid

D. Abnormal intestinal motility (such as occurs in irritable bowel syndrome and with the ingestion of such medications as erythromycin) can decrease contact time with the bowel mucosa, limiting reabsorption of fluids, and producing diarrhea

III. Clinical Presentation

A. Most diarrheal illness is acute, lasts only a day or two and resolves spontaneously

B. By far the most common cause of **acute diarrhea** in both children and adults is infection of the gastrointestinal tract by a variety of pathogens with viral etiologies being most common

C. Distinguishing features of commonly occurring infectious causes of acute diarrhea are summarized in the table that follows

MayoClinic.com
Reliable information for a healthier life

Print size: Regular Large

Original Article:
http://www.mayoclinic.com/invoke.cfm?id=HQ00088

Over the counter laxatives: Use them with caution

Laxatives are substances taken orally or rectally to relieve and prevent constipation. Oral laxatives come in many different forms: liquids, tablets, wafers, gums, or powders that you dissolve in water. Rectal laxatives include suppositories and enemas.

Because bowel movements are a natural process, with "normal" frequency ranging from as many as three a day to as few as three a week, your body ordinarily needs no help to have them. But a poor diet, physical inactivity, pregnancy, illness or stress can disrupt normal bowel function. Before turning to laxatives, you may want to try the following lifestyle changes to help manage occasional irregularity:

- Eat fiber-rich foods.
- Drink plenty of fluids daily.
- Get regular exercise.
- Use medications cautiously.

How they work

Laxatives work in different ways, and the effectiveness of each laxative type varies from person to person. In general, bulk-forming laxatives, such as Metamucil, Citrucel and FiberCon are the gentlest on the system, while stimulant laxatives, such as Ex-Lax and Senokot, are the harshest. If you stay constipated despite changing your diet and exercise routine, your first choice should usually be a mild laxative.

Combination laxatives: Check labels carefully

Some products combine different types of laxatives. Combinations may include:

- A bulk former and a stimulant
- A bulk former, stimulant and stool softener
- A hyperosmotic and lubricant
- A stimulant and stool softener

Combination products may not be any more effective than single-ingredient products. But they may be more likely to cause side effects because of their multiple ingredients. Carefully inspect labels to see how many types of laxatives a product contains.

What are the risks?

Your medical history and other medications you're taking may limit your laxative options.

Laxatives can interact with blood thinners such as warfarin (Coumadin), antibiotics such as tetracycline and ciprofloxacin (Cipro), and certain diabetes and anti-seizure medications. Before using any laxative, read the label carefully. If you're not sure whether a particular laxative is right for you, ask your pharmacist or doctor. Don't exceed recommended dosages unless your doctor tells you otherwise.

Just because laxatives are available without a prescription doesn't mean that they're without risk. Laxative use can be dangerous if constipation is caused by a serious condition such as appendicitis or a bowel obstruction. If you frequently use certain laxatives over a period of weeks or months, they can decrease your colon's natural ability to contract and actually worsen constipation. In severe cases, overuse of laxatives can damage nerves, muscles and tissues of the large intestine.

Children under age 6 shouldn't be given laxatives without a doctor's recommendation. If you're pregnant, seek your doctor's advice before using laxatives. Bulk-forming laxatives and stool softeners may be safe to use during pregnancy, but stronger laxatives can harm you or your baby. The stimulant laxative castor oil, for example, can cause early labor. If you've recently given birth, consult your doctor before using laxatives. Although laxatives are usually safe to use during breast-feeding, some ingredients may pass into breast milk and cause diarrhea in infants.

Don't be lax about laxatives

See your doctor if you have unexplained changes in bowel patterns or habits, if constipation lasts longer than seven days despite laxative use, or if constipation is accompanied by rectal bleeding. If you're dependent on laxatives, ask your doctor for advice on how to gradually withdraw from them and restore your colon's natural ability to contract.

By Mayo Clinic staff

HQ00088

April 29, 2005

MayoClinic.com
Reliable information for a healthier life

Print size: Regular Large

Original Article:
http://www.mayoclinic.com/invoke.cfm?id=DG00046

Over-the-counter oral laxatives: Compare before choosing

Different types of over-the-counter oral laxatives relieve constipation in very different ways. Unpleasant side-effects are more common with some of these products than with others, but virtually all of them can disturb bowel function if used improperly. Get the facts so you can make the right choice.

	Bulk formers (fiber)	Stool softeners (emollients)	Lubricants	Hyperosmotics (salts)	Stimulants
Brand-name examples	Citrucel, Metamucil, others	Colace, Surfak, others	Fleet Mineral Oil, others	Epsom salts, Phillips' Milk of magnesia, others	Ex-Lax, Senokot, others
How they work	Absorb water to form soft, bulky stool, prompting normal contraction of intestinal muscles	Add moisture to stool to allow strain-free bowel movements	Coat bowel and stool with waterproof film to help stool slide through intestine	Draw water into colon from surrounding body tissues to allow easier passage of stool	Trigger rhythmic contractions of intestinal muscles to eliminate stool
Onset of action	12 to 72 hours	12 to 72 hours	6 to 8 hours	1/2 to 3 hours	2 to 24 hours
Common side effects	Bloating; gas; decreased absorption of iron, calcium and some medications; increased constipation if not taken with enough water	Throat irritation; stomach or intestinal cramps; decreased absorption of vitamins and minerals	Rectal irritation or leakage, decreased absorption of vitamins and minerals when taken less than 2 hours before or after meals	Bloating, cramping, diarrhea, nausea, gas, increased thirst	Belching, cramping, diarrhea, nausea, discolored urine, decreased absorption of nutrients
	Choking if			Confusion, dizziness,	Confusion, irregular heartbeat, muscle

Possible serious complications	not taken with enough water, intestinal blockage, skin rash, difficulty breathing and swallowing	Skin rash	In bedridden adults, a form of pneumonia caused by inhaled droplets	lightheadedness, irregular heartbeat, unusual tiredness or weakness, magnesium toxicity in people with kidney disease	cramps, skin rash, potassium loss, unusual tiredness or weakness, decreased bowel function, bowel damage
Conditions that may worsen	Appendicitis, bowel inflammation, heart disease, high blood pressure, diabetes	Appendicitis, bowel inflammation	Appendicitis, bowel inflammation	Appendicitis, bowel inflammation, heart disease, high blood pressure, kidney disease	Appendicitis, bowel inflammation
Safe for long-term use?	Yes	No	No	No, except for low-dose milk of magnesia	No

By Mayo Clinic staff

DG00046

April 29, 2005

Original page:
http://my.webmd.com/drugs/drug-16218-Milk+of+Magnesia-Cascara+Oral.aspx?drugid=16218&drugname=Milk+of+Magnesia-Cascara+Oral

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Drugs and Herbs

Milk of Magnesia-Cas a ra Oral

brand names | uses | side effects | precautions | interactions | overdose

Important Note: The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. It should not be construed to indicate that use of the drug is safe, appropriate, or effective for you. Consult your healthcare professional before using this drug.

MAGNESIUM HYDROXIDE/CASCARA SAGRADA- ORAL
Pronunciation: (mag-NEE-zee-um hi-DROX-ide w/kass-CARE-uh)

BRAND NAME(S):
Milk of Magnesia W/Cascara

WARNING:
Learn more

USAGE:
This medication is used for the short-term treatment of constipation or to empty the bowel before bowel or stomach procedures.

More information about Milk of Magnesia-Cascara Oral:

What should I know before taking this medicine?

What conditions does this medication treat?

Who should not take this medication?

Does this medication have side effects?

Does this medication interact with other medications?

HOW TO USE
Take by mouth, generally once daily, as needed or as directed by your doctor. Do not exceed the maximum recommended dose. Consult your doctor or pharmacist.

Do not use this medication for more than 7 days unless directed by your doctor.

Do not use this medication if you have had a change in bowel habits for longer than 2 weeks or if there is blood in your stool. Instead, consult your doctor or pharmacist.

Long-term use of laxatives may lead to laxative dependence, chronic constipation, loss of normal bowel function and damage to the bowel. Overuse of laxatives may cause persistent diarrhea, dehydration and body mineral problems.

The magnesium hydroxide in this product may interfere with the absorption of other drugs you may take. Take this product at least 2 hours before or 2 hours after you take these medications: tetracycline

antibiotics (e.g., doxycycline, tetracycline); azole antifungal drugs (e.g., ketoconazole); seizure drugs (e.g., phenytoin); dexamethasone, indomethacin, digoxin, iron/multivitamin supplements or sodium polystyrene sulfonate. If you are taking a quinolone antibiotic (e.g., ciprofloxacin, levofloxacin) , consult your pharmacist for the proper times to take this medication.
Learn more

SIDE EFFECTS:
Stomach pain, nausea or diarrhea may occur. If these effects persist or worsen, notify your doctor.

Unlikely but report promptly: muscle twitching or cramping, muscle weakness, decrease or absence of bowel movements, blood in stool, mental/mood changes, dizziness.

This medication may cause your urine to temporarily turn a reddish pink or brown color. This effect is harmless.

If you notice other effects not listed above, contact your doctor or pharmacist.
Learn more

PRECAUTIONS:
If you have any of the following health problems, consult your doctor before using a laxative: any allergies, stomach/intestinal problems, nausea, vomiting, blood in the stool, kidney disease.

This medication should be used with caution in children and is not recommended for use in those less than 6 years old, unless directed by a doctor. Children may be more likely to become dehydrated. Consult your doctor or pharmacist.

This product should be used only when clearly needed during pregnancy. Discuss the benefits and risks with your doctor.

The cascara in this product is excreted into breast milk. Because of the potential risk to the infant, breast-feeding while using this product is not recommended. Consult your doctor before breast-feeding.
Learn more

DRUG INTERACTIONS:
Tell your doctor of all prescription and nonprescription medication you use, especially of: tetracycline antibiotics (e.g., doxycycline or tetracycline), azole antifungals (e.g., ketoconazole), quinolone antibiotics (e.g., ciprofloxacin), anti-seizure medications (e.g., phenytoin, valproic acid), heart heart drugs (e.g., quinidine, digoxin), sodium polystyrene sulfonate, dexamethasone, indomethacin, "blood thinners" (e.g., warfarin), iron/multivitamin supplements.

Do not start or stop any medicine without doctor or pharmacist approval.
Learn more

OVERDOSE:
If overdose is suspected, contact your local poison control center or emergency room immediately. US residents can call the US national poison hotline at 1-800-222-1222. Canadian residents should call their local poison control center directly. Symptoms of overdose may include

severe diarrhea, nausea, or vomiting; dry gums or eyes; loss of appetite, muscle cramps, weakness, or sluggishness.

NOTES:
Do not share this medication with others.

Proper diet, fluid intake and exercise may help prevent constipation. Consult your doctor or pharmacist.

MISSED DOSE:
If you miss a dose, use it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE:
Store at room temperature between 59 and 86 degrees F (15 to 30 degrees C) away from light and moisture.

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
ASHEVILLE DIVISION
1:05CV251-1-MU

KENNETH PATTON,	)	
	)	
Plaintiff,	)	
	)	**AFFIDAVIT IN SUPPORT OF**
v.	)	**DEFENDANTS' MOTION FOR**
	)	**SUMMARY JUDGMENT**
THOMAS LANCASTER, et al.,	)	**Rule 56(e), Fed. R. Civ. P.**
	)	
Defendants.	)	

PHILLIP E. STOVER, MD, being first duly sworn, hereby deposes and says:

1. I am an adult over age eighteen, have never been adjudged incompetent, suffer from no mental or emotional illness, and make this affidavit of my own free will, stating facts of which I have personal knowledge.

2. I am employed by the North Carolina Department of Correction ("DOC"), Division of Prisons ("DOP"), as a Medical Consultant. I am a physician licensed by the State of North Carolina. Attached hereto as Exhibit A is a copy of my curriculum vitae.

3. I am not a defendant in the above-captioned civil action, but I have reviewed Plaintiff's medical records maintained by DOC. My testimony herein is based in part on Plaintiff's medical records.

4. I am aware that Plaintiff alleges that his hernia was operated on and a testicle was removed during surgery because Defendant Woody took his Milk of Magnesia medication causing

him severe constipation.

5. On May 5, 2004 at approximately 7:00 pm, Plaintiff had a confrontation with correctional officers and was placed on segregation.

6. As a part of normal procedures for placing an inmate in segregation, Plaintiff's medications were taken from him and reviewed by the nursing staff that evening.

7. Nurse Danelle Shaw reviewed all of Plaintiff's medications and determined that three medications were out of date. Those medications were Prevacid, Ibuprofen, and multivitamins (90 fish oil capsules when he should have had only 30). Plaintiff also had two unlabeled containers. One container was filled with120 Drixotal tablets. Plaintiff should not have had more than 60 of the tablets. He also had an unlabeled container of thick white liquid which was confiscated because inmates can not possess unlabeled medication containers.

8. Between May 9, 2004 and July 31, 2004, Plaintiff had eight sick call appointments. He did not mention that he was having problems with constipation at seven of those appointments.

9. On June 21, 2004, Plaintiff complained of constipation and the family nurse practitioner was contacted. The practitioner ordered that Plaintiff be given MOM and that he continue taking the medicine on an "as needed basis."

10. Between May 5, 2004 and July 31, 2004, two other laxatives, Colace and Lactulose, were ordered for Plaintiff. Colace was ordered on a daily basis and Lactulose was ordered on a weekly basis.

11. Plaintiff's medication administration record shows that Plaintiff did not keep medical appointments to take the prescribed Lactulose medication. Records also show that he took half of the Lactulose that was prescribed.

12. Plaintiff was seen by DOP medical providers on May 31, 2004 and June 6, 2004. The notes from these visits do not indicate that Plaintiff complained of constipation.

13. On July 30, 2004, Plaintiff developed severe abdominal pain and was promptly transferred to a local hospital where he was diagnosed with an incarcerated hernia. Plaintiff underwent emergency surgery. As part of the surgery a testicle was removed.

14. Plaintiff's hernia may have been, in part, due to his constipation. However, his allegation that his constipation was the result of the unlawful confiscation of his MOM is incorrect.

15. If the MOM was confiscated it was because the medicine was in an unlabeled container. The nursing staff have no way of identifying the substance, and it is against DOP policy to have unlabeled medications.

16. Plaintiff had no less than 10 encounters with medical personnel between May 9, 2004, when he alleges that his MOM was confiscated and July 30, 2004, when he had the onset of abdominal pain. Yet, he only complained about constipation once.

17. Plaintiff failed to show up to take his medication for constipation; therefore, he did not receive all of the medication that was prescribed to manage his constipation problem.

This the 21 day of July, 2006.

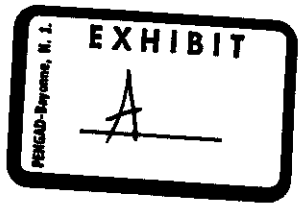
Phillip E. Stover M.D.

RENAY JENNETTE
NOTARY PUBLIC
WAKE COUNTY, NC
My Commission Expires 10-24-2010.

Sworn to and subscribed before me this the
21st day of July, 2006.

(Notary Public)

My Commission Expires: 10-24-2010.



CURRICULUM VITAE
PHILLIP E. STOVER, M.D.

[redacted]

Undergraduate Education: 1968 - 1972

Pennsylvania State University, University Park, Pennsylvania
Degree: B.S. - Premedicine
Honors/Extracurricular Activities: Dean's List, Alpha Epsilon Fraternity, Little Brother of Gamma Phi Beta Sorority, intramural sports

Postgraduate Education: 1974 - 1976

George Washington University, Washington, DC
Degree: MS - Anatomic Pathology
Extracurricular Activities: Zaccheus Free Medical Clinic

Medical Education: 1977 - 1980

Eastern Virginia Medical School, Norfolk, Virginia
Degree: MD
Extracurricular Activities: Freshman Class President, Member of Freshman Class Constitutional Committee, co-founder and first President of E.V.M.S. Family Practice Club, Delegate to National Conference of Student Affiliate Members of the American Academy of Family Physicians Affiliate Member of the American Academy of Family Physicians, Board of Directors - Norfolk Free Clinic

Residency: Family Practice: 1980 - 1983

Duke University Medical Center, Durham, North Carolina
Duke Watts Family Medicine Program
Extracurricular Activities: Group Practice Management Committee, East End Free Clinic

License and Certification:

North Carolina - #25447
Diplomat: American Board of Family Practice, 1983, 1991, and 1997

Military Experience: 1972 - 1978

United States Army Reserve (five months active duty)
Discharge: Honorable
MOS: Medical Specialist (Corpsman)
Highest Rank: Specialist Class 4

Employment Experience: Clinical Medicine

Autopsy Assistant -January 1976 to July 1976
Pathologist Assistant - July 1976 to July 1977
Emergency Room Physician
Part Time - October 1981 to July 1983
Full Time - July 1983 to September 1983
Part Time - October 1983 to July 1985
Private Practice of Family Medicine - September 1983 to Present
Active Hospital Practice with Full Pediatric and Intensive Care Privileges
Obstetrical Privileges - 1983 to 1987 (Voluntarily Resigned)
Aviation Medical Examiner - 1985 to 2000
Senior Aviation Medical Examiner - 2000 to present
Associate Clinical Professor, Department of Family Medicine, Duke University
May 1998 to present
Adjunct Clinical Instructor, Department of Family Medicine, University of North Carolina
January 1, 2001 to December 31, 2002.

Employment Experience: Medical Administration

Medical Review of North Carolina - June 1985 to February 1993 (Part-time)
Physician Consultant - June 1985 to December 1989
Extensive experience in utilization, quality, and diagnostic coding reviews
Quality Review Panel Member - August 1987 to February 1993

Employment Experience: Medical Administration (continued)

Cigna Health Plan of North Carolina (Formerly Equicor) (Part-time)
- Associate Medical Director, June 1989 to December 1989
- Medical Director - January 1990 to February 1993
  - Responsibilities:
    - Utilization Review
      - Preoperative and Preadmission reviews
      - Continued stay reviews
      - Evaluation of overall utilization patterns of providers
    - Credentialling
      - Developed and implemented credentialling program
      - Initial and re-credentialling of 600-member provider panel
      - Review of malpractice claims, member complaints, and quality problems
- Credentials and Quality Management Committee Member, February 1993 to 1998

North Carolina Division of Prisons (Part-time) – February, 1993 to present
- Director of Utilization Review - February 1993 to October 1997
  - Help organize and develop utilization review department for the Division of Prisons
  - Review all elective surgery done on inmates and a large percentage of consultation requests.
- Chairman of Pharmacy and Therapeutics Committee
- Acting Medical Director for Division - 2/93 to 1/95 and 6/95 to 11/96
- Acting Medical Director for Central Prison Hospital - October 1997 to May, 1998
- Acting Medical Director for McCain Correctional Hospital - June, 1998 to June, 1999
- Contract Physician for Special Projects and Utilization Review - July, 1999 - present
- Task force member and/or author or co-author of:
  - Peer Review Policy
  - Hepatitis C Policy
  - PULHEAT Revision (disability rating system for the Division)
  - Chronic Disease Guidelines
  - GERD Policy
  - Therapeutic Substitution Policy

Franklin County Hospice
- Co-medical Director - 1992 to Present

PrimaHealth
- Member of the Medical Review, Peer Review, Credentialling Committee 1997 - 1999

Franklin County Schools
- Medical Advisor – 1996 - Present

Voluntary/Community Activities (Present and Past)

Louisburg Area Jaycees – Man of the Year 1986

Habitat for Humanity
- Board of Directors
- Co-chair of Building Committee

Franklin Regional Medical Center
- Trustee - 2 appointments
- Chief of Staff - elected 3 times
- Utilization Review Physician
- Chairman of Committees/Departments:
  - Family Practice, Ethics, By-laws, Credentials, Peer Review

Louisburg United Methodist Church
- Chairman - Pastor/Staff Parish Relations Committee (3 years)
- Chairman - Administrative Board (4 years)
- Overseas Missions to Costa Rica (construction) - 1995, 1996, 1998 (one week each year)
- Overseas Missions to Venezuela (construction/medical) - 2002 (one week)
- In-country Missions - 1997 - Robeson County, NC; 1999 - Franklin County, NC; 2000 - Greenville, NC (flood relief)
- Chairman of Local Missions Committee - 1998 - Present
- Chairman Outreach Committee - 2002

Overseas Medical Missions
- Honduras - 1999 (one week)
- Venezuela - 2001 (one week)

Strategic Planning Committee for Franklin County (Franklin County Forward) - Chairman

Community Faculty - Duke University
- Precept medical students in my office
- Precept medical residents at the University Medical Center.

North Carolina State Bar, Board of Legal Specialization - 1995 - 2001

Franklin County Adult Day Care, Advisory Board

Angel Flight Pilot

Louisburg High School Band Boosters - President 2001 - 2002 school year

Franklin County Volunteers in Medicine Clinic Steering Committee, Chair - December, 2002 to Present

Legal Experience

North Carolina State Bar, Legal Specialization Committee – 1995 to 2001

North Carolina Attorney General's Office – 1994 to present
- Expert witness before U.S. District Court, Industrial Commission, and North Carolina Medical Board
- Multiple case reviews in defense of inmate lawsuits
- Depositions as expert witness and defendant in inmate lawsuits

Patterson, Dilthey, Clay, and Bryson, L.L.P. – 2001
- Reviewed medical record and issued opinion in medical malpractice case